THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Madhya Pradesh was one of the States covered under the World Bank Assisted Cataract Blindness Control Project during 1994—2002.

(b) Cataract Operations performed in Madhya Pradesh during 2001-02 and 2002-03 are as follows:

Year	Target	Achievement	%
2001-02	240000	234527	98
2002-03	240000	224049	93

As per Survey conducted in 2001-02, the prevalence of blindness in Madhya Pradesh has reduced from 2.01% to 1.16%.

(c) National Programme for Control of Blindness is an ongoing scheme.

Deaths due to TB

1289. DR. AKHILESH DAS: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that despite all efforts made in pursuance of the National Health Policy, at least one man succumbs every minute due to the ghastly disease, tuberculosis in the country;

(b) if so, the number of TB caused deaths and the number of new TB cases registered during 2001, 2002 and 2003; so far, State-wise; and

(c) the specific steps taken for eradication and control of TB during these years?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) and (b) As per WHO Global Annual TB Surveillance Report. It is estimated that about 4.17 lac patients die of TB every year in the country *i.e.* about 1/minute. The details of the deaths reported during the last three years in the areas implementing RNTCP are given in the enclosed Statement-I (*See* below) and number of new TB cases registered under the Programme are given in the enclosed Statement-II (*See* below).

(c) The National TB Control Programme was in operation in the country since 1962. However, this programme could not achieve the desired results. Therefore, the Revised National TB Control Programme (RNTCP) widely known as DOTS, which is a WHO recommended strategy, is being implemented in a phased manner, with the objective of achieving cure rate of 85% of new sputum positive cases. Diagnosis by sputum microscopy instead of by X-ray helps in detecting and curing infectious cases on priority,. Facilities for diagnosis by sputum microscopy have been decentralized and strengthened. Drugs are provided under supervision and patients are monitored so that they complete their treatment. Drugs are provided free of cost in patient-wise boxes.

The project districts have reported a cure rate of more than 80% which means more than 8 out of every 10 patients diagnosed and put on treatment under the revised strategy are successfully treated. This is double that of the earlier programme. TB death rates have reduced from 29% to 4%.

DOTS coverage is being rapidly expanded in the country. From 20 million coverage in 1998, about 760 million population has been covered at present. It is envisaged to cover 850 million population by 2004 under the revised strategy and the entire population of the country by 2005.

Statement-I

Statement indicating State-wise No. of deaths among TB patients under RNTCP during the years 2001, 2002 and 2003

State	Year	
	2001-02	2002-03 (upto Sept 2002)
1	2	3
Andhra Pradesh	950	1054
Arunachal Pradesh	—	3
Assam	58	39
Bihar	164	122
Chandigarh	—	20
Chhattisgarh	—	34
Delhi	335	341

1	2	3
Gujarat	1606	1336
Haryana	196	147
Himachal Pradesh	256	269
Jharkhand	85	68
Karnataka	920	819
Kerala	877	657
Madhya Pradesh	166	170
Maharashtra	2093	2499
Manipur	50	121
Orissa	557	605
Punjab	26	30
Rajasthan	2052	1643
Sikkim	—	17
Tamil Nadu	1997	2267
Uttar Pradesh	670	528
West Bengal	1973	1877
TOTAL:	15031	14666

- The proportion of number of patients put on treatment under RNTCP and the TB deaths occurring has been same, but the number has increased due to increased coverage of population under RNTCP.
- As treatment outcome (death, success rate etc.) becomes available only after one year from initiation of the treatment, the information in regard to TB deaths in 2002-03 is available only upto Sept. 2002.

Statement-II

Number of TB cases detected during the years—2001, 2002 and 2003

Sl. No.	State	Year-wise No. of TB cases detected and put on treatment		
		2001-02	2002-03	2003-04 (upto Sept. 2003)
1	2	3	4	5
1	A & N Islands	754	524	566
2	Andhra Pradesh	95909	100505	89090
3	Arunachal Pradesh	2730	3123	1826

1		2		3
4	Assam	20022	18038	16556
5	Bihar	35272	37520	27840
6	Chandigarh	1872	1727	1582
7	Chhattisgarh	9799	14295	12358
8	D & N Haveli	0	0	0
9	Delhi	26389	32604	30439
10	Goa	2623	1138	0
11	Gujarat	72683	61415	55169
12	Haryana	28323	31703	24913
13	Himachal Pradesh	11283	12691	10640
14	Jammu & Kashmir	9472	9142	7218
15	Jharkhand	14220	16336	10534
16	Karnataka	59652	57276	42631
17	Kerala	22798	23923	18633
18	Madhya Pradesh	69643	48675	40287
19	Maharashtra	131537	117554	97558
20	Manipur	2766	5556	3996
21	Meghalaya	2760	2730	1891
22	Mizoram	1263	1456	1283
23	Nagaland	1035	933	1362
24	Orissa	19474	27152	19891
25	Pondicherry	3212	2541	2322
26	Punjab	27885	20000	17890
27	Rajasthan	84655	93462	75896
28	Sikkim	1640	1250	1083
29	Tamil Nadu	77574	80895	67015
30	Tripura	1947	1032	1103
31	Uttar Pradesh	206197	207670	130029
32	Uttaranchal	0	14725	9195
33	West Bengal	73275	81485	68400
		1118664	1129076	889196

Promotion of Ayurvedic knowledge

1290. SHRI KALRAJ MISHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state: